2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2008 8:00 am

DOCUMENT # N14598 1. Entity Name WINDING CREEK VII CONDOMINIUM ASSOCIATION,					Secretary of State 02-07-2008 90021 019 ****61.25				
INC.			(C.0)						
Principal Place of Business Maili		Mailing Address	failing Address						
SEABOARD ARBORS MGMT 2189 CLEVELAND ST., 225 CLEARWATER FL 33765		SEABOARD ARBORS MGMT 2189 CLEVELAND ST., 225 CLEARWATER FL 33765							
Principal Place of Business - No P.O. Box # 3. Mailing Addre									
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/07)				
City & State		City & State			4. FEI Number	9-275049	3	_ 	plied For t Applicable
Zip	Country	Zip	Country	Country		tatus Desired		8.75 Add	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
LEIGHTON, LENNARD C/O SEABOARD ARBORS MGMT. SVCS. INC			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	9 CLEVELAND ST., 225 ARWATER FL 33765		į						
			City		FL Z:p Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepte obligations of registered agent.								and accept	
SIGNATURE Signature, typed or printed name of registered agent and the displicacie. (NOTE: Registered Agent signature and used when registating) DATE									
FILE NOW: FEE IS S61.25 9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees		ake Check ida Departr		
10.	OFFICERS AND DIREC	OTORS	11.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIRI	CTORS IN	10
Trale	D PIANA, JOHN	Dalate	TITLE	TD	ı			Change	Addition
NAME STREET ADDRESS CITY - STI- ZIP	2400 WINDING CREEK BLVD #201A CLEARWATER FL 33761	-108	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☐ Delate	TITLE					Change	Addition
NAME	SOBOTA, MARCIA	200	NAME						
STREET ADDRESS CITY+ST-ZIP	2400 WINDING CREEK BLVD #201A CLEARWATER FL 33761	-200	STREET ADDRESS City-St-Zip						
TITLE	PD	M Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	☐ [hange_	Addition_
NAME	CROSBY, JACK	Delate	RAME	~	·		~	مانوانلىكا ئارىكىيى. مانوانلىكا ئارىكىيى	عاد العادانية في إلى الم
STREET ADDRESS	2400 WINDING CREEK BLVD., #20A	-209	STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33761		CITY - ST - ZiP						
TOTLE	VPD	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	TARTLER, EDYCE 2400 WINDING CREEK BLVD #20A-	105	NAME STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33761	. • • •	CITY-ST-ZIP						
THILE	STD	☐ Delete	TITLE	5.3	>			Change	Addition
MAME	REIDY, MARGARET		NAME.					, -	
STREET ADDRESS CITY-ST-ZIP	2400 WINDIG CRK BLVD, # 20A-206 CLEARWATER FL 33761	•	SIRECT ADDRESS						
	GEL WITH EUT E GOTOT		CHY-ST-ZIP						
TITLE		[_] Delete	TITLE NAME					Change	Addition
STHEET ADDRESS			STREET ADDRESS						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Augustian Statutes of the corporation of the receiver of trustee empowered.